

## CLAIMS ONLY

Application Number

09/697,523

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1							51			
2		/		/			52			
3		/		/			53			
4	/		/				54			
5	/		/				55			
6	/		/				56			
7	/		/				57			
8		/	/				58			
9		/	/				59			
10		/	/				60			
11		/	/				61			
12		/	/				62			
13		/	/				63			
14		/	/				64			
15		/	/				65			
16		/	/				66			
17		/	/				67			
18		/	/				68			
19		/	/				69			
20		/	/				70			
21		/	/				71			
22	/		/				72			
23		/		/			73			
24		/		/			74			
25		/		/			75			
26		/		/			76			
27		/		/			77			
28		/		/			78			
29		/		/			79			
30		/		/			80			
31		/		/			81			
32		/		/			82			
33		/		/			83			
34		/		/			84			
35	4		/				85			
36			/				86			
37			/				87			
38			/				88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	2		3				Total Indep			
Total Depend	32	32	35	35			Total Depend			
Total Claims	34		38				Total Claims			